

PN4000096840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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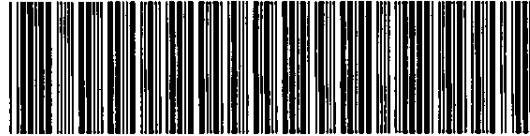
(Business Entity Name)

(Document Number)

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09/10/15--01012--014 \*\*35.00

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Criminal Defense Advocates P.A.  
(Name of Corporation)

**DOCUMENT NUMBER:** P14000096840

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

DAVID A. SALOMON  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

200 SE 6<sup>th</sup> Street, Suite 304  
(Address)

Fort Lauderdale, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL A. GOTTlieb at ( 954 ) 462-1005  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

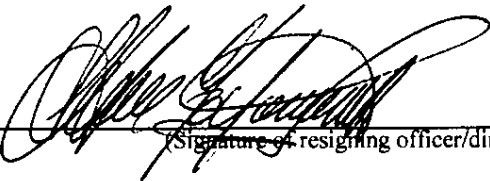
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DAVID SALOMON, hereby resign as Director  
(Title)

of Criminal Defense Advocates, P.A.  
(Name of Corporation)

H14000277538 3, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314